

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/787300** FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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TOTAL ID.		6		
TOTAL DEP.		33		
TOTAL CLAIMS	39			

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IND.	DEP.	IND.	DEP.
51			
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TOTAL ID.			
TOTAL DEP.			
TOTAL CLAIMS			